PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004.

es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known					
Application Number	09/917,858				
Filing Date	July 31, 2001				
First Named Inventor	Regina SCHOEMAKER				
Examiner Name	L S CHANNAVAJJALA				
Art Unit	1615				
Attorney Docket No.	029300.50194				

METHOD OF PAYMENT	(check all that ap	oply)							
	rd Money	Order 🔲	None [Other (please	identify):				
Deposit Account De	posit Account Numb	er: 05- 1	323 (Docket	No. 029300.50194)	Deposit Account N	ame: 23911		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicate	d below		Charge	fee(s) indicated belo	ow, except for th	ne filing fee			
Charge any additional		ments of fee(s)	Credit a	ny overpayments	•	•			
under 37 CFR 1.16 an			_	,					
			•						
WARNING: Information on thi	s form may becom	ne public. Credit	card informat	tion should not be	included on thi	s form. Provide cre	edit card		
information and authorization	on PTO-2038.								
FEE CALCULATION									
1. BASIC FILING, SEARC	CH, AND EXAMI	NATION FEES							
	FILING F		SEARCH FEES		EXAMINATION FEES				
		Small Entity		Small Entity		Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES							0 11 5 4/4 -		
For Description						Eco (t)	Small Entity		
Fee Description	ior Doineuse and	h alaim avas 20	and mara th	on in the original	notont	<u>Fee (\$)</u> 50	Fee (\$) 25		
Each claim over 20 or, f	•			•	•		100		
Each independent claim		eissues, each in	aepenaent c	iaim more than ir	n the original pa				
Multiple dependent clair		5 (6)				360	180		
Total Claims -20 or HF	Extra claims	Fees(\$)	<u>Fee Pai</u>	ia (\$)	<u>Mult</u>	tiple Dependence C			
HP = highest number of total (XX	· -			Fee(S)	Fee Paid (\$)		
Indep. Claims	Extra claims	Fees(\$)	Fee Pa	id (\$)					
- 3 or HP	Extra Claims	x	=	<u>.u. 147</u>					
HP = highest number of total	claims paid for if or	-							
3. APPLICATION SIZE									
If the specification and o		100 chasts of r	aner the an	nlication size fee	due is \$250 (\$	125 for small enti	h/) for each		
additional 50 sheets or						123 IOI SIIIali eila	ty) for each		
Total Sheets	Extra Sheets			additional 50 or fi	•	Fee (\$)	Fee Paid (\$)		
- 100 =		/ 50 =		Round up to a whole			=		
4. OTHER FEES									
4. 01112111220							Fee Paid (\$)		
Non-English Specification, \$1	30 fee (no small en	ity discount)					10010101		
Other - Request for Continue							790.00		
Petition for Three-Mo	*	•					1,020.00		
		-							

SUBMITTED BY Registration No. (202) 624-2500 26,269 Signature (Attorney/Agent) Telephone Name (Print/Type) Date July 19, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.